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ABSTRACT

Medical specialty choice and reasons for change among those Wright State University students who switched their choice between entry and graduation were studied, based on questionnaire findings. For the class of 1982, 35 of the 70 students chose as their eventual specialty their preference at entry to medical school. Primary care specialties (family practice, internal medicine, and pediatrics) had a 46 percent (23 of 50) agreement rate; nonprimary care specialties had a 60 percent (12 of 20) agreement rate. The agreement rates by specialty are indicated. The most frequent change was from family practice at entry; of the 40 graduates who preferred family practice at entry, 24 (60 percent) switched to another specialty, most often to internal medicine (9) and emergency medicine (5). Cumulative results for the classes of 1981 and 1982 indicate that 53 of 115 (46 percent) chose as their eventual specialty their preference at entry to medical school. Primary care specialties had a 42 percent (36 of 85) agreement rate, while nonprimary care specialties had a 57 percent (17 of 30) agreement rate. Again, the most frequent change was from family practice at entry to another eventual specialty. It is suggested that the decrease in family practice preference during the course of medical education may result from an increased awareness of other specialties. Graduates chose aspects of the clinical years (year 3 and 4) as the most influential cause of change. (SW)

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WRIGHT STATE

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STABILITY AND CHANGE OF MEDICAL SPECIALTY CHOICE

WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE

CLASSES OF 1981 AND 1982

Ronald J. Markert, Ph.D.

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Introduction

The Wright State University School of Medicine (WSUSOM) has as a major goal the graduation of physicians who will practice primary care medicine (i.e., family practice, internal medicine, pediatrics). The results for the first three graduating classes (classes of 1980, 1981, and 1982) are favorable. Ninety-eight of 146 (67%) of the graduates in the first three classes entered primary care specialties upon graduation. However, the medical student's route to his/her eventual choice deserves more careful examination. This study reports the stability and change of

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medical specialty choice for the Class of 1982 and examines the reasons for change among those who switched their choice from entry to graduation. Furthermore, results from a previous study involving the Class of 1981 (Program Evaluation Studies Report No. 4) are combined with the current study to produce cumulative findings for the two classes.

The following questions are addressed:

1. Overall how stable is the medical student's early perference for a medical specialty?
2. For the seven specialties included, how stable is the medical student's early preference?
3. Do the seven specialties increase or decrease in preference during the undergraduate medical education?
4. Why do medical students change their specialty preference?

Review of the Literature

The eleven studies published in the last 15 years which have examined medical student stability of specialty choice from early in medical school to graduation or beyond yield a median agreement rate of 38 percent (1-11). Eight studies have examined agreement rates among individual specialties (1, 3-5, 7-9, 11) and reveal the higher median agreement rates to be in surgery (49%), psychiatry (48%), and internal medicine (42%). Lower median agreement rates were found for family practice (33%), pediatrics (25%), and obstetrics/gynecology (25%).

The eleven studies (1-3, 5, 7-9, 11-14) which have reported increased or decreased preference among the individual specialties show an increased

interest in internal medicine during medical school (20% to 25%) and a dramatic decline in interest in family practice (30% to 16%). Four other specialties remain about the same: obstetrics/gynecology (4% to 6%), pediatrics (8% to 7%), psychiatry (5% to 7%), and surgery (14% to 16%). With regard to switches from one specialty to another, six studies (1, 3, 5, 7, 9, 11) found that internal medicine was most frequently switched to (35%), followed by surgery (21%). Family practice switchers most frequently changed to internal medicine (44%) and surgery (24%). Internal medicine switchers often changed to surgery (28%) and family practice (27%). Those who changed from pediatrics most frequently chose internal medicine (38%). Those changing from obstetrics/gynecology tended to choose surgery (37%) and internal medicine (33%). More than half of those changing from psychiatry chose internal medicine (51%). Surgery switchers most often chose internal medicine (49%).

Methodology

Near graduation members of the Classes of 1981 and 1982 were asked to complete a questionnaire which included (1) their specialty preference at the beginning of their first year of medical school; (2) their anticipated eventual practice specialty; and (3) if applicable, which of eleven reasons influenced a change in specialty from Year 1 to their choice of an eventual specialty.

The results for the Class of 1981 can be found in Program Evaluation Studies Report No. 4. This study contains the findings for the Class of 1982 plus cumulative results for the Classes of 1981 and 1982. For the Class of 1982, all 70 graduates returned the questionnaire.

Results

Specialty preference/choice was classified using the seven clerkships in the WSUSOM curriculum, a category for other specialties, and an undecided category. Table 1 reports stability and change in specialty for the Class of 1982. The cells on the left-to-right diagonal show that 35 of 70 (50%) chose as their eventual specialty their preference at entry to medical school. Primary care specialties (family practice, internal medicine, pediatrics) has a 46 percent (23 of 50) agreement rate while nonprimary care specialties had a 60 percent (12 of 20) agreement rate. The agreement rates by specialty were: psychiatry (100% - 1 of 1), internal medicine (83% - 5 of 6), surgery (78% - 7 of 9), other (75% - 3 of 4), pediatrics (50% - 2 of 4), obstetrics/gynecology (50% - 1 of 2), family practice (40% - 16 of 40), and emergency medicine (0% - 0 of 3). The most frequent change was from family practice at entry to another eventual specialty. Of the 40 graduates who preferred family practice at entry, 24 (60%) switched to another specialty. The most common changes for this group of 24 graduates were to internal medicine (9) and emergency medicine (5).

Overall, the change in specialty preference/choice was as follows. Interest in primary care decreased from 71% to 63% (50 to 44). The primary care decline was due to the lower interest in family practice, which fell from 57% to 31% (40 to 22). Internal medicine increased from 9% to 23% (6 to 16); pediatrics increased from 6% to 9% (4 to 6). Interest in nonprimary care increased from 29% to 37% (20 to 36). The nonprimary care increase was due mainly to gains by emergency medicine (4% to 9% - 3 to 6), surgery (13% to 16% - 9 to 11), and other (6% to 9% - 4 to 6).

Table 2 reports the reasons for changing specialty choice for the 35 Class of 1982 graduates who made a change from entry to graduation. The strong influence of the clinical years of undergraduate medical education is evident. Among those five reasons cited more than one-third of the time by respondents, four are directly related to clinical experiences.

Tables 3 and 4 report cumulative results for the Classes of 1981 and 1982. The cells on the left-to-right diagonal in Table 3 show that 53 of 115 (46%) chose as their eventual specialty their preference at entry to medical school. Primary care specilaties had a 42% (36 of 85) agreement rate while nonprimary care specialties had a 57% (17 of 30) agreement rate. The agreement rates by specialty were: psychiatry (100% - 3 of 3), internal medicine (78% - 7 of 9), surgery (77% - 10 of 13), other (60% - 3 of 5), pediatrics (50% - 3 of 6), obstetrics/gynecology (50% - 1 of 2), family practice (37% - 26 of 70), and emergency medicine (0% - 0 of 4). The most frequent change was from family practice at entry to another eventual specialty. Of the 70 graduates who preferred family practice at entry, 44 (63%) switched to another specialty. The most common changes for this group of 44 graduates were to internal medicine (16), surgery (9), emergency medicine (6), and pediatrics (5).

Overall the change in specialty preference/choice was as follows. Interest in primary care decreased from 74% to 63% (85 to 72). The primary care decline was due to the lower interest in family practice, which fell from 61% to 30% (70 to 35).

TABLE 1: Stability and Change of Medical Specialty

Class of 1982 N = 70

Preference at Medical School Entry	Eventual Specialty (indicated at graduation)									
	Fam. Pract.	Int. Med.	Ped.	Ob/ Gyn	Psych.	Surg.	Em. Med.	Other	Undec.	Entry TOTAL
Family Practice	16(40)	9	3	0	1	3	5	3	0	40
Internal Medicine	0	5(83)	0	0	0	1	0	0	0	6
Pediatrics	1	0	2(50)	0	0	0	1	0	0	4
Obstetrics/ Gynecology	0	0	1	1(50)	0	0	0	0	0	2
Psychiatry	0	0	0	0	1(100)	0	0	0	0	1
Surgery	2	0	0	0	0	7(78)	0	0	0	9
Emergency Medicine	2	1	0	0	0	0	0(0)	0	0	3
Other	0	1	0	0	0	0	0	3(75)	0	4
Undecided	1	0	0	0	0	0	0	0	0(0)	1
Eventual Spec. Total	22	16	6	1	2	11[a]	6	6[b]	0	

[a] includes one graduate each in Orthopedics, Otolaryngology, and Urology.
[b] 6 = Ophthalmology (3), Anesthesiology (1), Dermatology (1), Pathology (1).

TABLE 2: Reasons for Changing Specialty Choice

Class of 1982 N = 35

Reason	No. indicating reason	% indicating reason
Increased awareness of specialties	25	71
Positive experience in the Year 3 clerkship or a Year 4 selective in my specialty	24	69
Positive influence of specific WSUSOM faculty in my specialty	17	49
Family and/or personal considerations	17	49
Negative experience in the Year 3 clerkship or a Year 4 selective in another specialty	12	34
Greater intellectual stimulation	8	23
Physician manpower needs of society	8	23
Negative influence of specific WSUSOM faculty in another specialty	6	17
Content and emphases of the WSUSOM curriculum	4	11
Location of residency	3	9
Better financial opportunities	1	3

TABLE 3: Stability and Change of Medical Specialty

Classes of 1981 and 1982 N = 115

Preference at Medical School Entry	Eventual Specialty (indicated at graduation)									
	Fam. Pract.	Int. Med.	Ped.	Ob/ Gyn	Psych.	Surg.	Em. Med.	Other	Undec.	Entry TOTAL
Family Practice	26(37)	16	5	2	2	9	6	3	1	70
Internal Medicine	0	7(78)	1	0	0	1	0	0	0	9
Pediatrics	1	0	3(50)	0	0	0	1	1	0	6
Obstetrics/ Gynecology	0	0	1	1(50)	0	0	0	0	0	2
Psychiatry	0	0	0	0	3(100)	0	0	0	0	3
Surgery	3	0	0	0	0	10(77)	0	0	0	13
Emergency Medicine	3	1	0	0	0	0	0(0)	0	0	4
Other	0	2	0	0	0	0	0	3(60)	0	5
Undecided	2	0	1	0	0	0	0	0	0(0)	3
Eventual Spec. Total	35	26	11	3	5	20[a]	7	7[b]	1	

[a] includes graduates in Orthopedics (3), Neurosurgery (2), Otolaryngology, Urology.

[b] 7 = Ophthalmology (3), Anesthesiology (1), Dermatology (1), Pathology (1), Radiology (1).

TABLE 4: Reasons for Changing Specialty Choice

Classes of 1981 and 1982 N = 60

Reason	No. indicating reason	% indicating reason
Positive experience in the Year 3 clerkship or a Year 4 selective in my specialty	43	72
Increased awareness of specialties	41	68
Positive influence of specific WSUSOM faculty in my specialty	29	48
Negative experience in the Year 3 clerkship or a Year 4 selective in another specialty	26	43
Family or personal considerations	21	35
Greater intellectual stimulation	18	30
Physician manpower needs of society	12	20
Negative influence of specific WSUSOM faculty in another specialty	8	13
Location of residency	5	8
Content and emphases of the WSUSOM curriculum	4	7
Better financial opportunities	2	3

Internal medicine increased from 8% to 23% (9 to 26); pediatrics increased from 5% to 10% (6 to 11). Interest in nonprimary care increased from 26% to 37% (30 to 43). The nonprimary care increase was due in large part to a gain in surgery from 11% to 17% (13 to 20).

Table 4 reports the reasons for changing specialty choice for the 60 graduates from the classes of 1981 and 1982 who made a change from entry to graduation. The strong influence of the clinical years of undergraduate medical education is evident. The four most frequently cited reasons for change of specialty are directly related to clinical experiences.

Discussion

A medical school assigned the mission of generating primary care physicians must undertake evaluation studies to ascertain its success in this task. In addition to the number and percent of graduates who enter primary care, other information must be obtained. Data dealing with stability and change in medical specialty preference/choice are important to those involved in admissions and curriculum planning. Furthermore, the reasons for change in medical specialty choice are particularly instructive for medical school faculty and administrators. The current study reported stability and change in specialty choice and the reasons for change at Wright State University School of Medicine.

The 46 percent agreement rate between entry and graduation for the WSUSOM Classes of 1981 and 1982 is higher than the 38 percent median for agreement rates from studies at other medical schools (1-11). Comparison of agreement rates for individual specialities between WSUSOM and other

medical schools is appropriate only for family practice since that specialty is the only one at WSUSOM with a sufficient number of graduates to permit comparison. The 37 percent agreement rate for family practice is higher than the 34 percent (126 to 375) cumulative agreement rate reported in five other studies (5, 7, 8, 9, 11).

For the WSUSOM Classes of 1981 and 1982 interest in family practice decreased from 61 percent to 30 percent at graduation (70 to 35). This decline is similar to other studies (2, 3, 5, 7-9, 11-14) in which the cummulative decline in interest was nearly halved from 30 percent to 17 percent (531 to 297). Additionally, the increased interest in internal medicine at WSUSOM from 8 percent to 23 percent supports the findings of others (1-3, 5, 7-9, 11-14). In these eleven studies interest in internal medicine increased from 20 percent to 26 percent (359 to 461).

The decrease in preference for primary care (from 74% to 63%) and family practice (from 61% to 30%) may be an artifact related to admission to WSUSOM and lack of awareness. Among entering students it is common knowledge that WSUSOM has a primary care/family practice orientation. Some entering students may have been intent on emphasizing their potential interest in primary care/family practice as a means of assuring peer and faculty acceptance during the early stages of their medical education. Additionally, family practice often is the specialty with which entering medical students are most familiar. Thus, there is a tendency to choose family practice as an initial specialty preference. During the course of undergraduate medical education, as awareness of other specialties increases, it is not surprising that family practice preference decreases

and preference for other specialties increases. Sixty-eight percent (41 to 60) of graduates in the Classes of 1981 and 1982 who switched specialty preference/choice indicated an increased awareness of specialties as a reason for change. Thus, the high percentages expressing interest in primary care/family practice at entry to medical school may not have been an accurate measure of "true" interest.

Finally, the current study investigated the reasons for change of specialty from medical school entry to graduation. Overwhelmingly, graduates chose aspects of the clinical years--Years 3 and 4--of the WSUSOM program as the most influential causes of change.

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Report No. 4	Stability and Change of Medical Speciality Choice: Wright State University School of Medicine Class of 1981	December 1981
Report No. 5	The Relationship Between First-Year Medical School Grades and Academic, Personality, and Attitude Measures: Wright State University School of Medicine Class of 1984	March 1982
Report No. 6	The Prediction of Licensability, Specialty, and Location of Residency for the Wright State University School of Medicine Class of 1981	August 1982
Report No. 7	Stability and Change of Medical Specialty Choice: Wright State University School of Medicine Classes of 1981 and 1982	August 1982

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WRIGHT STATE

Wright State University
School of Medicine
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REPORT NO. 4 DECEMBER 1981

STABILITY AND CHANGE OF MEDICAL SPECIALTY CHOICE WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE CLASS OF 1981

Ronald J. Markert, Ph.D.

Introduction

The Wright State University School of Medicine (WSUSOM) has as a major goal the graduation of physicians who will practice primary care medicine (i.e., family practice, internal medicine, pediatrics). The results for the first two graduating classes have been satisfying. The Class of 1980 had 21 of 31 (67.7%) graduates enter primary care residencies. The Class of 1981 had 29 of 45 (64.4%) graduates enter primary care residencies. However, the medical student's route to his/her eventual choice deserves more careful examination. This study reports the stability and change of medical specialty choice for the Class of 1981 and examines the reasons for change among those who switched their choice from entry to graduation.

Review of the Literature

Specialty preference is a fairly unstable characteristic. Kritzer and Zimet (1967) asked 120 residents in medicine, obstetrics/gynecology, pediat-

rics, psychiatry, and surgery to recollect specialty preference as Year 1 medical students and found only a one-third agreement rate. Wasserman et al. (1969), using 14 specialties and 106 participants, found a 55 percent agreement rate between freshman and senior year of medical school and a 43 percent agreement rate between freshman year and three years after graduation. Sachs (1977), using a sample of 900 students and 14 specialty categories, reported a 25 percent agreement rate from medical school orientation to near the end of internship. Parmeter et al. (1978), using a sample of 226 students and 9 specialty categories, found a 38.5 percent agreement rate from the end of Year 1 to medical school graduation.

Among the medical specialties what specific changes take place? Wasserman et al. (1969), in their study of 106 participants, reported a dramatic decrease in interest in general practice--from 40 percent in freshman year to 18 percent in senior year and 20 percent three years after graduation--and an increase in interest in internal medicine--from 18 percent in freshman year to 28 percent in senior year and 24 percent three years after graduation. There was little change in obstetrics/gynecology, pediatrics, psychiatry, and surgery. In their study of 627 Canadian medical students, Roos and Fish (1974) found an increased preference for family practice and internal medicine, a slight decreased preference for pediatrics and psychiatry, and a larger decreased preference for obstetrics/gynecology and surgery. In a study of 413 students, Oates and Feldman (1974) found an increase in interest in internal medicine from freshman to senior year (14 to 21 percent) and small decreases in other specialties--pediatrics (10 to 7 percent), obstetrics/gynecology (3 to 1 percent), psychiatry (6 to 2 percent), and surgery (20 to 16 percent). Family practice was not listed on the freshman survey, but Oates and Feldman, using a somewhat dubious procedure, indicate a 13 percent increase in interest in family practice. The researchers subtracted the 17 percent family practice interest expressed in the senior year from the 4 percent interest in somewhat analogous specialties found on the freshman survey.

Zimet and Held (1975) reported an increased preference for internal medicine, no change in family practice and surgery, and a decrease in preference for pediatrics and psychiatry. Obstetrics/gynecology was not included in the Zimet and Held study. Their study involved 141 students and reported preference change from freshman to senior year. McAllister and Brent (1976) reported a 62 percent decline in interest in family practice and a 191 percent in-

crease in interest in internal medicine. Sachs (1977) tracked subjects who were in a four-year medical school program and a three-year program and found similar results. Family medicine preference declined from 47 percent to 23 percent and 55 percent to 34 percent respectively from orientation to near the end of internship. Pediatrics declined from 32 percent to 19 percent and 27 percent to 15 percent respectively. However, internal medicine preference increased for the four-year group from 21 percent to 59 percent and for the three-year group from 18 percent to 51 percent. The nonprimary care areas of obstetrics/gynecology, psychiatry, and surgery were not specifically cited in the Sachs study. Parmeter et al. (1978) found a similar decline in family practice interest (45 to 23 percent) and virtually no change in preference for internal medicine (9 to 11 percent), pediatrics (5 to 3 percent), psychiatry (2 to 3 percent), and surgery (7 to 10 percent). Obstetrics/gynecology interest increased from 2 to 10 percent.

What causes changes in specialty preferences among medical students? Medical educators have written extensively on the importance of curricular influences--the socialization effect of clerkships (McAllister and Brent, 1976); the effect of decentralized clinical education (Evashwick et al., 1979); the effect of a family medicine course (Rosenblatt and Alpert, 1979); and the effect of preceptorship experiences (Barish, 1979; Sarnacki, 1979; Osterweis and Rabin, 1980).

Finally, Matteson and Smith (1977) found that approximately one-quarter of the 350 medical students they studied planned to choose a specialty other than their preferred one for such reasons as low demand for their preferred specialty, the nature of the training, time requirements, lack of necessary ability, and responsibility demands.

Methodology

Near graduation members of the Class of 1981 were asked to complete a questionnaire which included (1) their specialty preference at the beginning of their first year of medical school; (2) their anticipated eventual practice specialty; and (3) if applicable, which of eleven reasons influenced a change in specialty from Year 1 to their choice of an eventual specialty. Responses for Nos. 1 and 2 above were obtained from all 45 members of the Class of 1981; responses were obtained from 25 of 27 (93%) members for whom

No. 3 was applicable.

Results

Specialty preference/choice was classified using the six major required clerkships in the WSUSOM program, a category for other specialties, and an undecided category. Table 1 reports stability and change in specialty for the Class of 1981. The "highlighted" cells on the left-to-right diagonal show that 18 of 45 (40%) chose as their eventual specialty their preference at entry to medical school. Primary care specialties had a 37.1 percent (13 of 35) agreement rate while nonprimary care specialties had a 62.5 percent (5 of 8) agreement rate. Two graduates were undecided at entry. The most frequent change was from family practice at entry to another eventual specialty. Of the 30 graduates who chose family practice at entry, 20 (66.7%) switched to another specialty. The most common changes for this group of 20 graduates were to internal medicine (6) or a surgery specialty (6).

Overall, the change in specialty preference/choice was as follows. Interest in primary care decreased from 78% to 60% (35 to 27). The primary care decline was due to the lower interest in family practice, which fell from 67% to 29% (30 to 13). Internal medicine increased from 4% to 18% (2 to 8); pediatrics increased from 4% to 11% (2 to 5); one graduate indicated undifferentiated primary care at both junctures. Correspondingly interest in nonprimary care was due largely to a rise in the choice of a surgery specialty from 9% to 20% (4 to 9).

Of the 27 Class of 1981 graduates who indicated a change in specialty choice from entry to graduation, 25 (93%) responded to a question asking their reasons for the change. Table 2 shows the strong influence of the clinical years of undergraduate medical education in changes of medical specialty. The four most frequently stated reasons for change related to experiences which are part of the final two years--the clinical years--of training. Of particular interest is that no graduate indicated that the content and emphases of the WSUSOM curriculum influenced his/her change.

While it was of interest to investigate the reasons why a graduate switched from one specific specialty to another, the small size of the graduating class prevented this analysis. Eighteen of the 25 switching graduates included in Table 2 changed from family practice to another specialty. Thus,

Eventual Specialty (indicated at graduation)

Preference at Entry to Medical School	Family Prac.	Int. Med.	Ped.	Ob/ Gyn	Psych.	Surg.*	Other	Undec.	Entry TOTAL
Family Practice	10 (33%)	6 (20%)	2 (7%)	2 (7%)	1 (3%)	6 (20%)	2 (7%)	1 (3%)	30 (67%)
Internal Medicine	0 (0%)	1 (50%)	1 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (4%)
Pediatrics	0 (0%)	0 (0%)	1 (50%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	0 (0%)	2 (4%)
Obstetrics/ Gynecology	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Psychiatry	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	0 (0%)	0 (0%)	2 (4%)
Surgery*	1 (25%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (75%)	0 (0%)	0 (0%)	4 (9%)
Other	1 (33%)	1 (33%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (33%)	0 (0%)	3 (7%)
Undecided	1 (50%)	0 (0%)	1 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (4%)
Eventual Specialty TOTAL	13 (29%)	8 (18%)	5 (11%)	2 (4%)	3 (7%)	9 (20%)	4 (9%)	1 (2%)	

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*includes orthopaedics and neurosurgery

NOTES

1. The percents on the left-to-right diagonal represent the degree of agreement between entry preference and eventual choice for that specialty.
2. A percent in the other cells is the percent who changed from the indicated specialty preference at entry to the eventual choice indicated.
3. A row marginal percent is the percent who selected that specialty preference at entry.
4. A column marginal percent is the percent who selected that eventual specialty choice.

TABLE 2:

Reasons for Changing Specialty Choice

Reason	No. Indicating Reason	% Indicating Reason
Positive experience in the Year 3 clerkship or a Year 4 selective in my specialty	19	79.2
Increased awareness of specialties	16	66.7
Negative experience in the Year 3 clerkship or a Year 4 selective in another specialty	14	58.3
Positive influence of specific WSUSOM faculty in my specialty	12	50.0
Greater intellectual stimulation	10	41.7
Physician manpower needs of society	4	16.7
Family and/or personal considerations	4	16.7
Negative influence of specific WSUSOM faculty in another specialty	2	8.3
Location of residency	2	8.3
Better financial opportunities	1	4.2
Content and emphases of the WSUSOM curriculum	0	0.0

it was not surprising that the reasons for changing specialty indicated by this group of 18 were nearly identical to the reasons expressed by the total group of 25. The other 7 switching graduates indicated 7 different choices at entry to WSUSOM. Internal medicine and surgery, each with six, were the only specialties into which more than two graduates switched. These twelve switches were all by graduates who had indicated family practice at entry. Data were available for 5 in each group. On inspection the reasons for changing for these two groups of switching graduates paralleled the total group reported in Table 2.

Discussion

A medical school assigned the mission of generating primary care physicians must undertake evaluation studies to ascertain its success in this task. In addition to the number and percent of graduates who enter primary care, other information must be obtained. Data dealing with stability and change in medical specialty preference/choice are important to those involved in admissions and curriculum planning. Furthermore, the reasons for change in medical specialty choice are particularly instructive for medical school faculty and administrators. The current study investigated stability and change in specialty choice and the reasons for change within one medical school class.

The 40 percent agreement rate between entry and graduation is consistent with the research of others (Kritzer and Zimet, 1967; Wasserman et al., 1969; Sachs, 1977; and Parmeter et al., 1978) which reported an average agreement rate of 38 percent. Similar to other studies interest in family practice decreased notably (Wasserman et al., 1969; McAllister and Brent, 1976; Sachs, 1977; and Parmeter, 1978) from 67 percent to 29 percent. Additionally, the increased interest in internal medicine from 4 percent to 18 percent supports the findings of others (Wasserman et al., 1969; Roos and Fish, 1974; Feldman and Oates, 1974; Zimet and Held, 1975; McAllister and Brent, 1976; and Sachs, 1977).

The decrease in preference for primary care (from 78% to 60%) and family practice (from 67% to 29%) may be an artifact related to admission to WSUSOM and lack of awareness. Among entering students it is common knowledge that WSUSOM has a primary care/family practice orientation. Some entering students may have been intent on emphasizing their potential interest in primary care/

family practice as a means of assuring peer and faculty acceptance during the early stages of their medical education. Additionally, family practice often is the specialty with which entering medical students are most familiar. Thus, there is a tendency to choose family practice as an initial specialty preference. During the course of undergraduate medical education, as awareness of other specialties increases, it is not surprising that family practice preference decreases and preference for other specialties increases. Thus, the high percentages expressing interest in primary care/family practice at entry to medical school may not have been an accurate measure of "true" interest.

Finally, the current study went beyond most previous research by investigating the reasons for change of specialty from medical school entry to graduation. Overwhelmingly, graduates chose aspects of the clinical years--Years 3 and 4--of the WSUSOM program as the most influential causes of change. Surprisingly, not one graduate thought the content and emphases of the WSUSOM curriculum influenced his/her change. On inspection no differences were found for switching to or from a specific specialty. The small size of the graduating class inhibited meaningful analysis in this regard. However, larger graduating classes in the future may yield useful results related to reasons for changing to or from a specific specialty.

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Program Evaluation Studies

Report No. 1 Program Evaluation Studies: An Overview

Report No. 2 The Prediction of National Board Performance, Specialty, and Location of Residency for the Wright State University School of Medicine Class of 1980

Report No. 3 Medical Education at Wright State University: An Evaluation During the First Year of Residency by the Class of 1980 and Their Residency Supervisors

Report No. 4 Stability and Change of Medical Specialty Choice: Wright State University School of Medicine Class of 1981

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